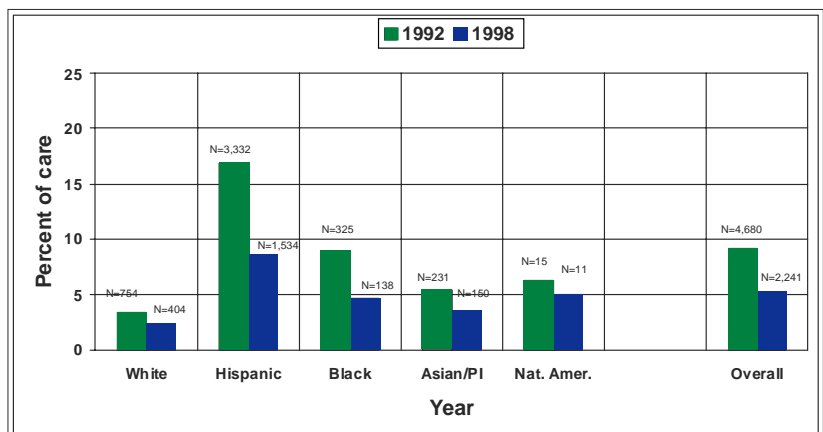


Prenatal Care

Early and continuous prenatal care is associated with decreased low birthweight infants and infant mortality. Many components of prenatal care affect birth outcomes, yet the evidence shows that the most effective prenatal care begins early in the first trimester and includes all recommended visits. The Year 2010 Objective is to increase the proportion of all pregnant women who initiate prenatal care in the 1st trimester of pregnancy to at least 90%. In San Diego County, the percentage of births to mothers with first trimester prenatal care has increased from 73% in 1992 to almost 79% in 1998.

There has been a concurrent decrease in percentage of mothers with late or no prenatal care. The percentage of births to mothers who initiated prenatal care in the third trimester or not at all decreased 44% over the past 6 years, from 9.2 in 1992 to 5.2 in 1998. Among Hispanic women, 8.5% received late or no care, followed by Native Americans (5%), Blacks (4.7%), Asian/Pacific Islanders (3.5%) and Whites (2.3%).

**Late or No Prenatal Care* by Race/Ethnicity
San Diego County, 1992 and 1998**



* Prenatal Care beginning in the 3rd trimester or not at all.
Source: California Department of Health Services, Center for Health Statistics, Vital Statistics Section, Birth Statistics Master Files
County of San Diego, HHSA, Child, Youth & Family Health Assessment & Planning



Immunizations

Impact of Immunization

Vaccines are among the outstanding public health achievements of the 20th century. Many once-common infectious diseases that led to disability and death are now preventable with vaccines. Smallpox has been eradicated, and measles cases are now at a record low.

However, the viruses and bacteria that cause vaccine-preventable disease and death still exist and can be passed on to people who are not protected by vaccines. Vaccine-preventable diseases cost communities and families a high price in terms of doctor's visits, hospitalizations, and premature deaths. Sick children can also cause parents to lose time from work.

Two indicators selected to measure progress in immunizations are 1) increased proportion of young children who receive all recommended vaccines, and 2) increased proportion of non-institutionalized adults who are vaccinated annually against influenza and ever vaccinated against pneumococcal disease.

Trends in Immunization

Children

In 1994, the Centers for Disease Control and Prevention conducted the first National Immunization Survey to evaluate the coverage rates of communities across the United States. San Diego County's coverage rate was 73% at that time. A locally conducted, random, digit dial survey in 1999 identified San Diego county coverage rate at 87%. The County's progress toward meeting the Healthy People 2010 goal of 90% coverage is demonstrated by the figure on the opposing page.

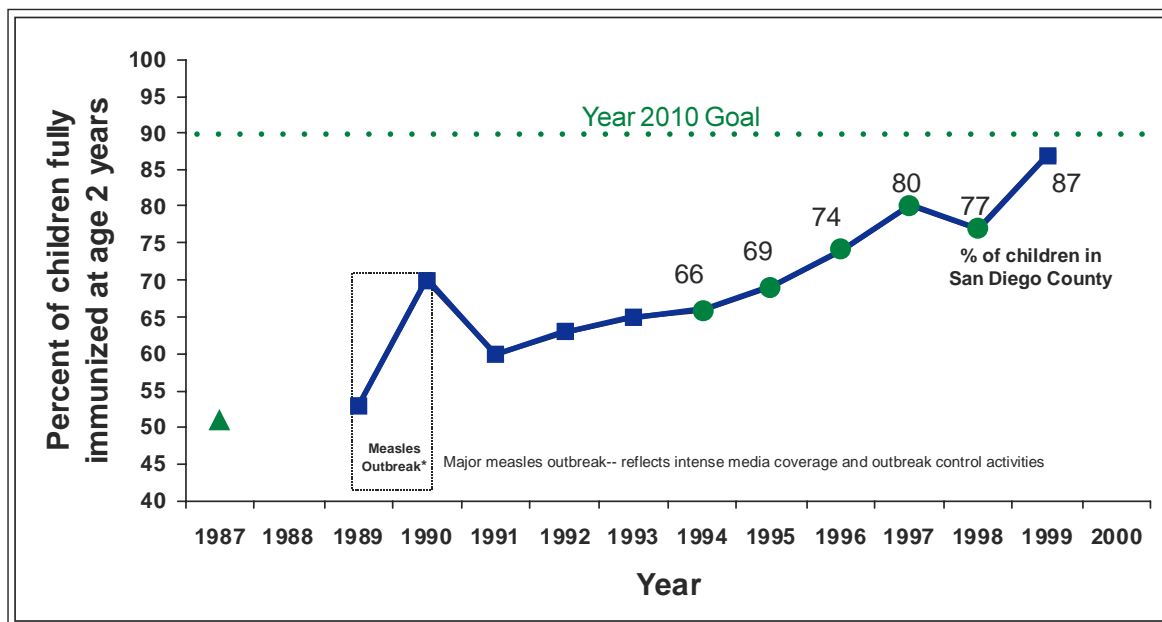
Immunization levels among school-age children in San Diego are high, greater than 98%, as measured through follow-up of annual surveys of kindergarten entrants. This high level can be credited to enforcement of state law requiring complete immunizations for school entry. National coverage levels in children are now greater than 80% for immunizations required by age 2 (except for Hepatitis B and varicella).

Adults

Although coverage rates are not as high in adults, the health effects may be just as impactful. Immunizations can prevent serious illness and death from influenza and pneumonia, the 5th leading cause of death in San Diego. San Diego County has a higher rate of appropriate immunizations for adults (influenza, pneumococcal and tetanus) than both the State of California and the U.S. average. Using 1999 data, it is estimated that in San Diego County 73% of adults had appropriate immunization for influenza, and 63% for pneumococcal.

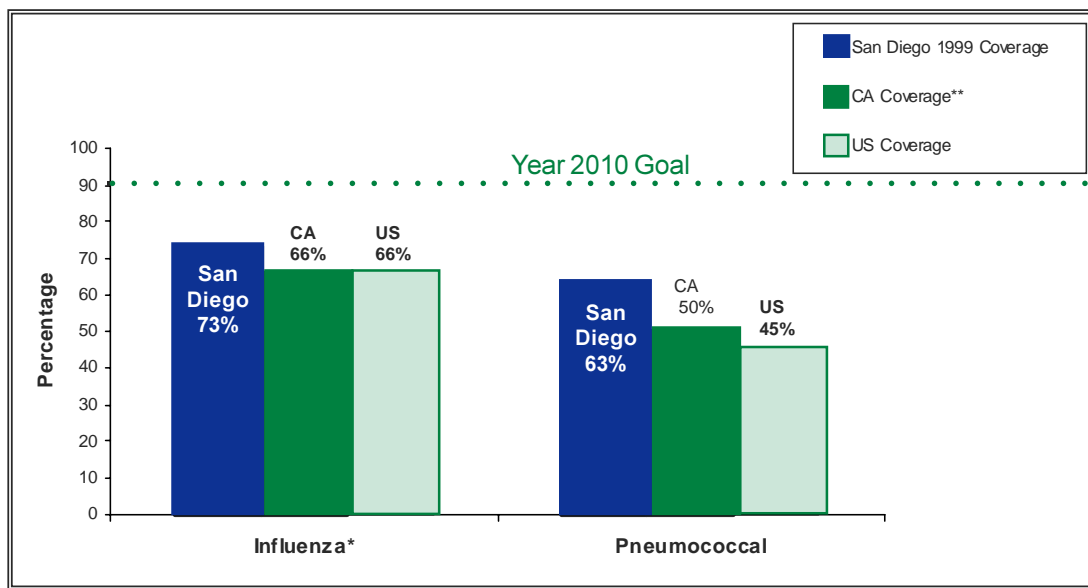
There are barriers to adult and childhood immunization. These include misconceptions about vaccines, cost, lack of knowledge, and lack of recommendations from health care providers.

Infant Immunization Progress San Diego County, 1999



- ▲ This statistic is from a CDC retrospective first grade survey of children who turned two years old in 1987.
- These statistics are from the San Diego County Random Digit Dialing Survey.
- These statistics are from kindergarten retrospective surveys conducted by the San Diego County Department of Health Services.

Adult Immunization Coverage, ≥65 Years San Diego County, 1999



* Flu vaccine in last 12 months

** Behavioral Risk Factor Surveillance Survey, 1997

There are no statistical differences on Influenza and Pneumococcal coverage between 1998 and 1999

Hepatitis B Immunization

The San Diego County Hepatitis B High-Risk Immunization Project is a community based demonstration project funded by the Centers for Disease Control and Prevention (1997-2001). One of the primary goals of the project is to establish routine HBV immunization. High-risk populations being targeted include sexually active adolescents and adults, persons with a history of sexually transmitted diseases, injection drug users, commercial sex workers, and men who have sex with men.

Specific clinical sites participating in this project include: Office of Public Health, Sexually Transmitted Disease Clinic, Community Health Centers, Drug Treatment Programs, Family Planning Services, Correctional Facilities, Probationers in Recovery Program, and Drug Court Program.

During calendar year 1999:

1. 3,789 STD Clinic patients started the hepatitis B vaccine series;
2. 5,941 total hepatitis B vaccine doses were administered to patients in the STD Clinic;
3. Greater than 9,000 doses of adults hepatitis B vaccine were distributed to community sites participating in the project.



Childhood Lead Poisoning Prevention

Childhood lead poisoning is a preventable health problem. Lead is ubiquitous in the environment and has no physiologic value. Children less than six years old are particularly susceptible to lead's toxic effects. Risk factors include poverty, living in pre-1960 dilapidated housing, and exposure to lead contaminated sources.

From 1992-1999, 648 cases of children with high lead levels were identified. Among cases in San Diego, 59% are children 1-2 years old, followed by children 3-5 years old (31%). Toddlers are at greatest risk because of their increased hand to mouth behavior.

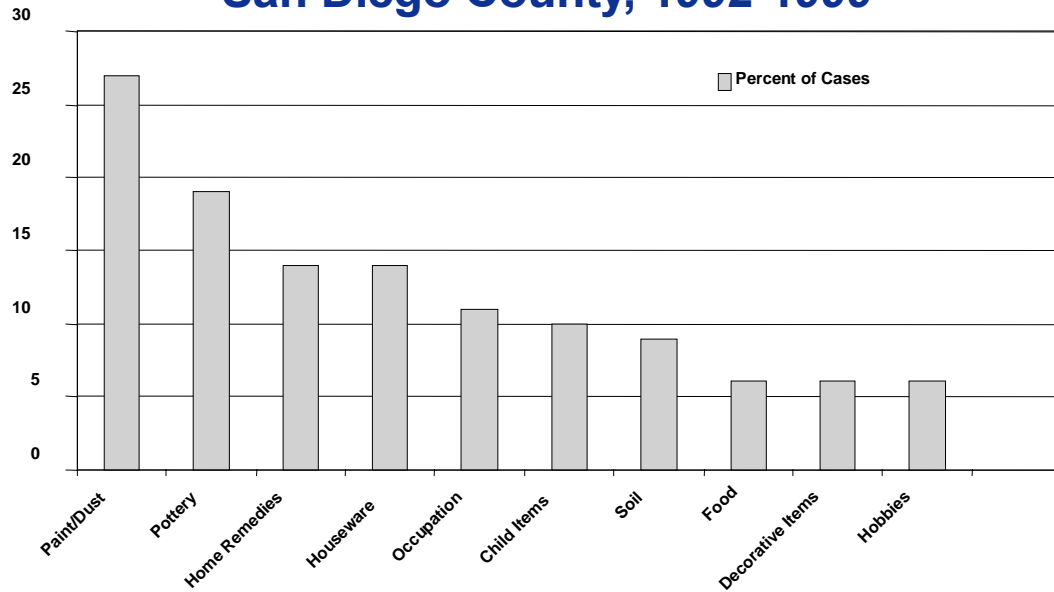
Traditional sources of lead exposure in San Diego County include paint, soil, dust, and household items containing lead such as mini-blinds and keys. However, San Diego is unique because cultural sources that contain lead contribute to 67% of case exposures. Examples are imported home remedies, imported pottery and dishware for cooking and storing food, and imported candy (which is a suspected source in 35% of cases). Further, cases in San Diego are unique because most have multiple sources of exposure.

A vast majority of cases in San Diego are among Hispanic children (84%). This disproportion may be a result of screening patterns as well as cultural practices such as use of the lead-contaminated home remedy, Azarcon. Since universal testing and reporting of blood lead levels are not mandated in California, prevalence data is not available.

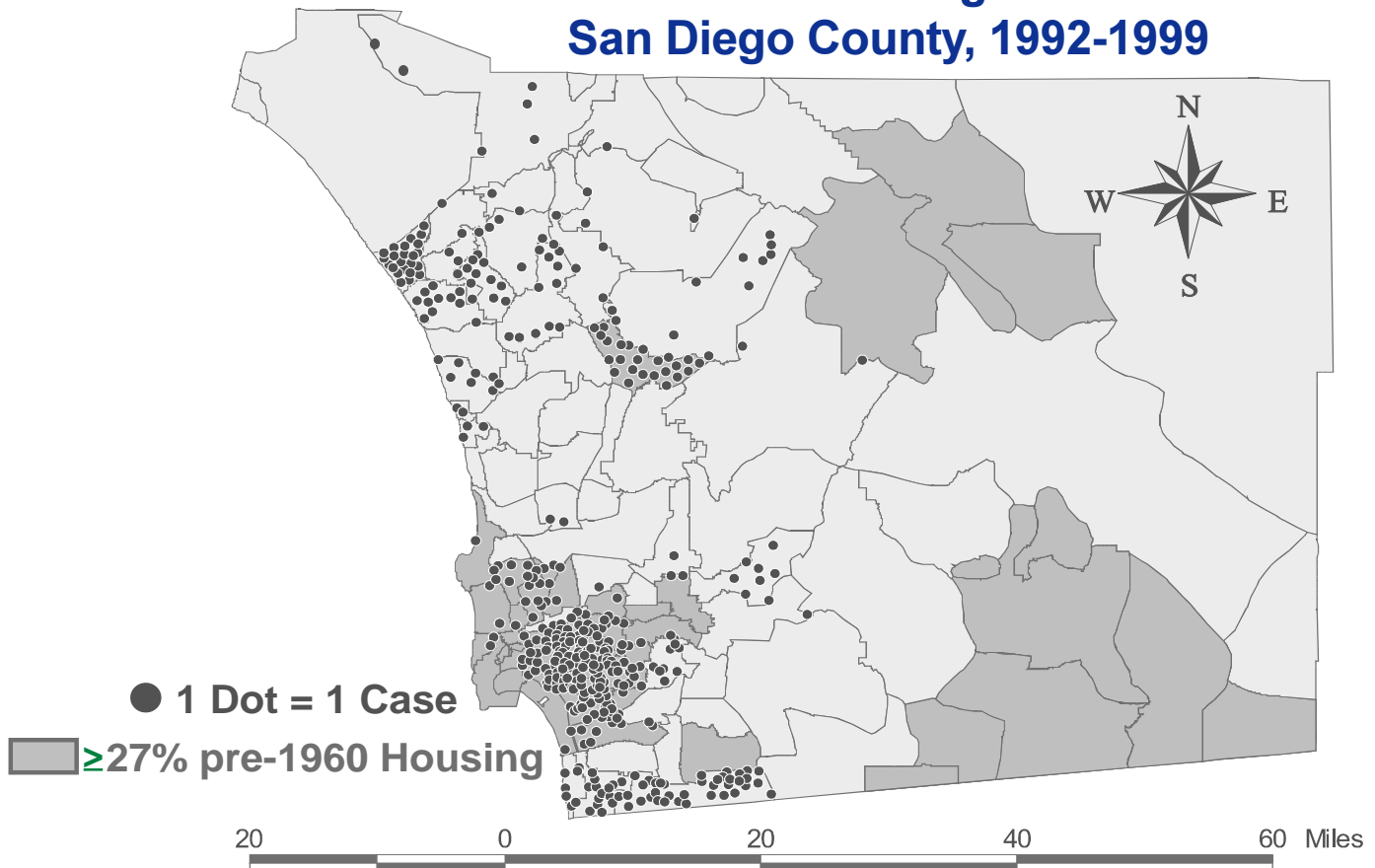
Most cases are concentrated in Central (47.2%) and South (18%) San Diego. Zip codes in these regions have a high proportion of Hispanic children less than 5 years old, with 53% in Central and 64% in South being Hispanic. These regions, especially Central, are also concentrated with pre-1960 housing, which is considered high risk for lead poisoning. Other areas, such as North Coastal and North Inland, represent 24% of cases. Older housing is not a major risk factor in these regions. Since close to 40% of the child population in these areas is Hispanic, this suggests cultural sources are the contributing factor for these cases.

San Diego County's Childhood Lead Poisoning Prevention Program (CLPPP) continues its strong commitment to prevention. Activities include established outreach and education efforts to physicians, parents, and community-based organizations throughout San Diego County. Each year over 200 health care providers receive in-services that include information on testing and reporting guidelines, unique local sources and case data. Fingerstick trainings are also provided to facilitate testing practices. The CLPPP staff includes experienced bilingual community representatives who reach over 15,000 parents each year with education and prevention messages such as hand-washing, proper nutrition and the importance of testing their children for lead.

Percent of Lead Poisoning Cases by Source San Diego County, 1992-1999



Lead Poisoning Cases San Diego County, 1992-1999



Rabies

The last reported case of human rabies in San Diego County was in 1968. Animal rabies remains prevalent, especially in bats, and presents the possibility of rabies transmission to humans via an animal bite or mucous membrane exposure to an animal's infected saliva.

Bats are the animal species at highest risk for rabies in San Diego County. Over the past 10 years, approximately 16% of bats submitted and tested for rabies at the San Diego County Public Health Laboratory (SDCPHL) were rabid. Animals are tested at SDCPHL because they have potentially exposed a human to rabies. The Office of Public Health, Epidemiology is available for consultation to health care providers and the public regarding the need for human rabies prophylaxis before or after exposure to animals at risk for rabies.

Rabies Testing in San Diego County, 1990-99

YEAR	Total Number Tested	# Of Bats Tested	% Positive Bats	# Of Non-bats Tested	% Positive Non-bats
1999	839	28	11%	811	0%
1998	821	2	0%	819	0%
1997	715	18	28%	697	<1%*
1996	691	5	0%	686	0%
1995	693	11	18%	682	0%
1994	708	3	67%	705	<1%**
1993	767	18	6%	749	0%
1992	704	0	0%	704	0%
1991	649	2	0%	647	0%
1990	626	3	67%	622	0%

* 1 skunk

** 1 fox